



Service Priorities and Programmes
Electronic Presentations

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Restraint reduction program on learning disabilities ward

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NICE guidelines 2015

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Introduction

NICE guideline on restraint reduction (UK, 2015) and the Positive Behavioural Support (PBS) plan demonstrate the effective methodology to reduce restraint practice and care people with learning disability (LD) on their challenging behaviour. 1. NICE guideline on restraint reduction (UK, 2015): Force/coercion is a treatment failure (Ashcraft et al, 2008 2012) 12 core areas to plan a restraint reduction program 2. The core issue of PBS plan to provide support to an individual by: responding to individual needs and the causes of the challenging behaviour, reducing/eliminating the use of restrictive practices such as restraint, improving the individual and the carer's quality of life during care delivery with intensive plan.

Objectives

Changed staff attitude/handling (from behaviour modification model to positive behaviour support plan) after the PBS coaching /workshops, and Individual intensive care program for 3-4 outliners reduced the percentage of restraint

Methodology

1. Person centered values: Person centered planning (PCP) introduction & training for all staff in 2015 15 steps challenge for mental inpatient care (welcoming, safe caring & involving, well organized). 2. Effective leadership: Restraint reduction plan & goals and continuous improvement Force/coercion is a treatment failure (Ashcraft et al, 2008 2012) Discuss care plan with PN in PN discussion (targeted training & care for those outliners) 3. Address environmental factors: Sensory input: relaxation tools, pressure balls, aroma therapy...etc. 4. Anticipate possible touch points inside and external care: Encourage expression in using different means such as play activity, art activity and music activity...etc. to facilitate communication and provide appropriate needs 5. Involve and empower service users (Service users' experience monitoring unit or equivalent): Work with carer (LD parents as volunteers) to empower their strength (mental and physical) 6. Leisure and physical activities: Program assistant (2015) provides individual recreational activities with nurse for the outliners/ severe grade LD 7. De-escalation: Coaching of de-escalation skills to all staff especially new staff such as soft words, reassurance, calm down methods, clear mutual expectations.....etc.

8. Crisis and risk management plans: Cue card for awareness of violence/aggression client Positive Behavior Support (PBS) for challenging behavior Weekly review on client condition who have Level 1 restraint Case discussion on PCMM 9. Post incident reviews: Trauma/ psychological distress of staff Improvement collaborative to support learning, sharing and adoption Evaluation of the restraint incident 10. Report use of restraint incidents: Report and record on report book, nurses notes and N form 11. Routine outcome monitoring – Data informed practice: Keep all the restraint information for study and analysis 12. Report to board and public: Report to CND of KCH

Result

Individual intensive care program for outlier: decreased restraint 75% PBS knowledge retention: (2015 - Sept, 2017: from 79% to 91%) Restraint record: (2015 - Sept, 2017: from 58% to 34%) Staff's IOD: (2015 - Sept, 2017: from 2 to 0)